Name in Full: Lydia Borner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sykesville (County) Carroll

Date of death 1904 (Month) 4 (Day) 18

Age (Years) 45 (Months) (Days)

Sex: Female

Color or Race: White

Birthplace: Penna

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: William Borner

Father's Birthplace: Germany

Mother's Maiden Name: Mary Baughman

Mother's Birthplace: Germany

Name of person giving Information: Jacob Borner

How related to deceased: Bro.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Recurrent Mania

How long: Over 15 years

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M. D.

Address: Springfield State Hospital Sykesville Carroll Co. Md.

Accident or Suicide? No.

LIBRARY BUREAU ADOPTS

Name in Full: Catherine L. Bowers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville; County: Carroll

Date of death: Month: 4; Day: 4; 1904

Age: Years: 36; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: Martin Henry Bowers.

Father's Name: John Mundey

Father's Birthplace: Md.

Mother's Maiden Name: Eliza Gassman

Mother's Birthplace: Md.

Name of person giving information: Martin Henry Bowers

How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis

How long: Over 3 months

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M. D.

Address: Springfield State Hospital Sykesville Carroll Co. Md.

Accident or Suicide? No.

LIBRARY BUREAU A48616

Name in Full: Rubie Bowers

CERTIFICATE OF DEATH

MARYLAND

4714

TO BE ANSWERED BY NEAREST FRIEND

Died at: Near Westminster (Town) | Carroll (County)

Date of death: 1904 April 6 | Age: 67 Years | Months | Days

Sex: Male | Color or Race: White | Birthplace: Carroll Co

Occupation: Laborer | Where Residing if not at place of death: Home

Married, Single or Widowed: Married | Name of Wife or Husband: Mary Bowers

Father's Name: Adam Bowers | Father's Birthplace: Carroll

Mother's Maiden Name: Catherine Yingling | Mother's Birthplace: "

Name of person giving Information: Jacob Bowers | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy | How long: 12 hours

Immediate: " | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Wolf

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A86316

Krider's Burial
Cemetry
Rebinzibia

St Louis

Name in Full: Margaret Josephine Boylan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: Month: April; Day: 24; 1904

Age: Years: 15; Months: 2; Days: 3

Sex: Female

Color or Race: White

Birthplace: Carroll Co.

Occupation: Housework

Where Residing if not at place of death: Home

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Patrick Boylan

Father's Birthplace: Ireland

Mother's Maiden Name: Marie Gilmartin

Mother's Birthplace: "

Name of person giving information: Marie Boylan

How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

48

CAUSES OF DEATH

Primary: Typhoid fever

How long: 4 weeks

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. T. Hering

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88516

Dr Herring

St Johns Cemetery

Stones

Name in Full Jno. Colman.

Certificate of Death No. 96

Died at Town Middleburg County Carroll MARYLAND

Date 1904. Month 4 Day 16 | Age Y. 54 M. 8 D. 18 | Native of Frederick Co | Occupation Labourer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband Wife of Lucretia Colman

Father's Name Jacob Coleman | Mother's Maiden Name Mary Kinsey

Cause of Death: Primary Peritonitis | How long sick 12 days.

Immediate Heart. | Accident, Suicide, Homicide

Reported by H. Hudson Brown.

Address Union Bridge.

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Julius A. Crockett

Died at Town: Ridgeville County: Carroll MARYLAND

Date 1904 Month: April Day: 25th | Age Y. 64 M. 8 D. 12 | Native of Maryland | Occupation Mason

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widower~~ ~~Widow~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Mary Margaut Crockett

Father's Name Charles C. Crockett | Mother's Maiden Name Susanna Crockett Susanna Hilton

Cause of Death — Primary

Immediate Apoplexy | How long sick Death Instantaneous

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L.E. Bromwell

Address Mt. Airy Carroll Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Sarah E Davis

CERTIFICATE OF DEATH

MARYLAND

427

Died at: Town: Bird Hill — County: Carroll

Date of death 1904: Month: April — Day: 10 — Age: Years: 57 — Months: 8 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation:

Name of ~~Wife or~~ Husband: Wm Harrison Davis

Father's Name: James Parrish — Father's Birthplace: Maryland

Mother's Maiden Name: Ruth Cresswell — Mother's Birthplace: Del

Name of person giving information: Harrison Davis — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Apoplexy — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

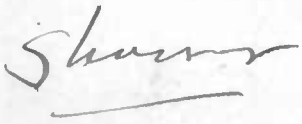
Signature of Physician: Thos. J. Coonan

Address: Westminster

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86518



Name in Full: Matilda A. Simmons

CERTIFICATE OF DEATH

MARYLAND

47

Died at: Town: Gamber; County: Carroll

Date of death 1904: Month: April; Day: 2.

Age: Years: 68; Months: 9; Days: 23

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Widow; Occupation:

Name of ~~Wife or~~ Husband: Thomas Simmons

Father's Name: Kinsey Taylor; Father's Birthplace: Maryland

Mother's Maiden Name: Lydia Blizzard; Mother's Birthplace: Del

Name of person giving information: Nathan Zepp; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long: 5 yrs.

Immediate: Pneumonia & Paralysis; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr S. N. Gorsuch

Address: Gamberi Md

Accident or Suicide?

LIBRARY BUREAU AP8818

Sharrer

Gaucher

Name in Full: Samuel E. Dorsey

CERTIFICATE OF DEATH

473

Died at: Town: Westminster; County: Carroll; MARYLAND

Date of death 1904: Month: Apr; Day: 2; Age: Years: 52; Months: 3; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Westminster

Occupation: Cook; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Eliza E. Gunnell

Father's Name: James Dorsey; Father's Birthplace: Woodsboro, Md.

Mother's Maiden Name: Mary Dorsey; Mother's Birthplace: Fauksburg, Md.

Name of person giving Information: Rachael Dorsey; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Mania, Uremia, 1; How long: 6 days,

Immediate: Exhaustion; How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Gouch.

Address: Westminster, Maryland.

Accident or Suicide? —

LIBRARY BUREAU A6J316

Wesley Chapel

Stoner

Name in Full: Anna Eckenrode

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

428

Died at (Town): Westminster — County: Carroll

Date of death: 1904 — Month: April — Day: 16 — Age: Years 4 — Months 8 — Days

Sex: Female — Color or Race: White — Birthplace: Westminster

Occupation: None — Where Residing if not at place of death: Home

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Edward Eckenrode — Father's Birthplace: Carroll Co

Mother's Maiden Name: Margret Little — Mother's Birthplace: " "

Name of person giving Information: Edward Eckenrode — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia — How long: 12 days

Immediate: Peri-conditis — How long: 2 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. Woodward M.D.

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A83516

St. Johns County

Florida

Name in Full

Mary E. Emig

Certificate of Death

Town

County

Died at Lineboro Carroll MARYLAND

Date 189 4 Month Apr Day 16 Age Y. 80 M. 9 D. 16 Native of Carroll Co Md Occupation Housekeeper

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living 3

Husband of / Wife Levi H Emig

Father's Name Christian Stoller

Mother's Name Jemima Gregg

Cause of Death — Primary: Tuberculosis — How long sick 6-7 Six months

Immediate: Acute Bronchitis — Accident, Suicide, Homicide

Reported by J & P Preston M.D.

Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full: Joseph Fooks ✓

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield Hospital — County: Carroll

Date of death: Month: 4 — Day: 17 — 1904

Age: Years: 64 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

~~Married~~, Single ~~or Widowed~~ — Name of Wife or Husband:

Father's Name: [illegible] — Father's Birthplace:

Mother's Maiden Name: [illegible] — Mother's Birthplace:

Name of person giving Imformation: Hospital records — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Cancer — How long: 6 mths

Immediate: Exhaustion — How long: -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J. Carey

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Caroline Fuhrman

Town: Manchester | County: Carroll | MARYLAND

Died at

Date 1944 Month: April Day: 24 | Age: Y. 68 M. D. | Native of: America | Occupation: Housekeeper

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living: 8

Wife of Theodor Fuhrman

Father's Name: David Hopple | Mother's Maiden Name: [illegible]

Cause of Death — Primary: Heart failure

Immediate

How long sick: 1 day

Accident, Suicide, Homicide: Death

Reported by: J. H. Preston M.D.

Address: Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full — Certificate of Death

Chas R Lee

Town — County

Died at Frederick Co

MARYLAND

Date 1904 — Month 4 — Day 30 — Age Y. 76 M. 7 D. 11 — Native of Md. — Occupation Farmer

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 6

Husband / Wife of Sarah Wolfgang

Father's Name Geo Lee — Mother's Maiden Name Caroline Koontz

Cause of Death — Primary: Valved Trouble of heart — How long sick Two Years

Immediate: Dropsy — Accident, Suicide, Homicide

Reported by Jos Precious MD

Address Manchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dft 21-1827

Name in Full: Selena. Helwig

CERTIFICATE OF DEATH

MARYLAND

1684

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Westminster — (County) Carroll

Date of death 1904 — Month April — Day 26 — Age 67 Years 3 Months 12 Days

Sex Female — Color or Race White — Birthplace Pennsylvania

Occupation Housekeeper — Where Residing if not at place of death House

Married, Single or Widowed Married — Name or Wife or Husband George. F. Helwig

Father's Name Adam Mercksey — Father's Birthplace Md

Mother's Maiden Name Barbra Greenawalt — Mother's Birthplace Penn

Name of person giving Information Mrs Emanuel Koontz — How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cancer (Carcinoma) Breast. — How long 3 years

Immediate General Cancer — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. H. Woodward

Address Westminster Md.

Accident or Suicide?

LIBRARY BUREAU ABM316

Dr Woodward

Meadow Brook

Stone

Name in Full: Quinton Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Westminster | Town | County: Carroll | MARYLAND

Date of death: 1907 | Month: April | Day: 7 | Age: Years | Months | Days: 4

Sex: Male | Color or Race: White | Birthplace: Carroll Co

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Single | Name of Wife or Husband

Father's Name: Carroll Henry | Father's Birthplace: Carroll Co

Mother's Maiden Name: Evelyn Eckard | Mother's Birthplace: " "

Name of person giving information: Carroll Henry | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage of Cord | How long: 4 days

Immediate | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John S Mathias

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A65318

Kriders burial ground

Mathias

Stover

Name in Full: John B Heider

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield Hospital; County: Carroll

Date of death: Month: 4; Day: 12; Year: 1904

Age: Years: about 58; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Not known

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Hospital records

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: about 1 yr.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? according to hospital records

Signature of Physician: Chas J. Carey

Address: Sykesville Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A6818

Name in Full: Mary Ann Izer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deringer | County: Carroll

Date of death 1904: Month: April | Day: 23 | Years: Age 71 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Frederick Co Md

Married, Single or Widowed: Widowed | Occupation: U. S. Pensioner

Name of Wife or Husband: Jerry Izer (dec'd)

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: West | Mother's Birthplace:

Name of person giving information: J. Edward West | How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease | How long: 10 Days

Immediate: Dilitation Acute | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. P. Brooks M.D.

Address: Marston. Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Sarah A. Jester

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sykesville — County: Carroll

Date of death: Month: 4 — Day: 4 — 1904

Age: Years: 62 — Months: — — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Chas. L. Shields — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pthisis Pulmonalis — How long: Over one year

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M. D.

Address: Sykesville Carroll Co.

Accident or Suicide? No.

(Springfield Hospital) Maryland.

LIBRARY BUREAU A88518

Name in Full: Joseph Kerchner

CERTIFICATE OF DEATH

MARYLAND

477

Died at: Town: Springfield Hospital — County: Carroll

Date of death: 1904 — Month: 4 — Day: 9 — Age: Years: 61 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Divorced — Name of Wife or Husband

Father's Name: Geo. Kerchner — Father's Birthplace: —

Mother's Maiden Name: Sarah — — Mother's Birthplace: —

Name of person giving Information: Jacob Kerchner — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ulcerative Enteritis — How long: ?

Immediate: Diarrhoea — How long: 42 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J. Carey

Address: Sykesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Manchester Burial Ground

Stones

Name in Full: Margaret Barbara Lauterbach

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hayfield; County: Carroll

Date of death 1904: Month: 4; Day: 17; Age: Years: 77; Months: 6; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: female; Color or Race: white; Birthplace: Germany

Occupation: retired; Where Residing if not at place of death: at place of death

Married, Single or Widowed: married; Name of Wife or Husband: Jno. Henry Lauterbach

Father's Name: Phillip Sessleman; Father's Birthplace: Germany

Mother's Maiden Name: Catherine Sessleman; Mother's Birthplace: ?

Name of person giving information: Phillip Lauterbach; How related to deceased: son

CAUSES OF DEATH*

PHYSICIAN OR CORONER

Primary: Congestion of Lungs & Ileus debility; How long: 1 wk —

Immediate: Exhaustion; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno E Bolle

Address: Harmonville Md

Accident or Suicide?

LIBRARY BUREAU AB3518

Name in Full: George William Lambert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Union — County: Carroll

Date of death: 1904 — Month: April — Day: 1 — Age: Years: 71 — Months: 1 — Days: 27

Sex: Male — Color or Race: White - — Birthplace: Maryland

Occupation: Stone mason — Where Residing if not at place of death: Mt Union - Md

Married, Single or Widowed: Married — Name of Wife or Husband: Mary -

Father's Name: Abraham — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Young — Mother's Birthplace: Maryland

Name of person giving Information: Aug Lambert — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia — How long: 7 years

Immediate: Hemiplegia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Charles B Lop

Address: Taneytown Md

Accident or Suicide?

LIBRARY BUREAU A6881S

Name in Full: John Lewis Magin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Smallwood — County: Carroll

Date of death 190 4 — Month: April — Day: 27 — Age — Years: — Months: — Days: 7

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Frederick Magin — Father's Birthplace: Maryland

Mother's Maiden Name: Kate Ninder — Mother's Birthplace: Md

Name of person giving information: Frederick Magin — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long: 7 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. J. Hess

Address: Mt. Airy, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Smallwood

Stoner

Name in Full: Henry Morgan

CERTIFICATE OF DEATH

MARYLAND

145

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westminster — County: Carroll

Date of death 1904 — Month: April — Day: 27. — Age: Years 67 — Months 3 — Days 14

Sex: Male — Color or Race: Colored — Birthplace: Westminster

Occupation: Laborer — Where Residing if not at place of death: David Crouse —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Don't Know — Father's Birthplace:

Mother's Maiden Name: Mary Morgan — Mother's Birthplace: Fred Co

Name of person giving Information: William Morgan — How related to deceased: Nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 8 days

Immediate: Heart — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. J. Cooman

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88516

Dr Boorman

Name in Full: William Murray

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sykesville — County: Carroll

Date of death 1904 — Month: 4 — Day: 30

Age — Years: 29 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Millwright — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

Father's Name: Wm Murray — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Hospital records — How related to deceased:

163

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long:

Immediate: Suicide — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Clement Claire

Address: Sykesville Md.

~~Accident~~ Suicide? Coroner

Chas F. Hawley

LIBRARY BUREAU A88318

Name in Full William Myers. Certificate of Death

Died at Town Pleasant Valley County Carroll MARYLAND

Date 1924 Month Jan Day 28 | Age Y. 62 M. — D. — | Native of Carroll Co. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband of ~~Wife~~ Susan C. Shuey

Father's Name Jonas Myers Mother's Maiden Name Lydia Ann Formwalt

Cause of Death: Primary Pneumonia — How long sick 6 days

Immediate — Accident, Suicide, Homicide

Reported by Luther Kemp

Address Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Elizabeth Ruff

Died at Town: Manchester — County: Carroll — MARYLAND

Date ~~189~~ 1904 — Month: April — Day: 20

Age — Y. 85 — M. 5 — D. 5

Native of: Germany

Occupation: —

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / ~~Single~~ / Widow / ~~Widower~~

~~Divorced~~

Number of children living: 6

~~Husband~~ / Wife of: Christopher Ruff

Father's Name: John Yost —

Mother's Name:

Cause of Death — Primary: General Debility — from

How long sick: 2 years

Immediate: old age

Accident, Suicide, Homicide

Reported by: J H Sherman M D

Address: Manchester — Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Elizabeth Shafer

CERTIFICATE OF DEATH

MARYLAND

476

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Uniontown — County: Carroll

Date of death 1907: Month: April — Day: 7 — Age: Years: 71 — Months: 4 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: Housewife — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Jacob Gummel — Father's Birthplace: Carroll Co

Mother's Maiden Name: Elizabeth York — Mother's Birthplace: " "

Name of person giving In formation: Jacob Shafer — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —

How long: —

Immediate: Apoplexy

How long: 2½ hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Billingslea M. D.

Address: Westminster Md.

Accident or Suicide? No

LIBRARY BUREAU A33516

Kruders Burial ground

Billingslea

Stone

Name In Full — Certificate of Death

Jacob Shaffer of John

Died at Town Freemont — County Carroll MARYLAND

Date 1904 Month April Day 18 | Age Y. 81 M. 6 D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Susan C Shuckhart

Father's Name John F Shaffer | Mother's Maiden Name 79

Cause of Death — Primary: Hypertrophy of Heart | How long sick: 2 months

Immediate: Dropsy | Accident, Suicide, Homicide

Reported by J H Stedman Md,

Address Manchester — Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Daniel Wilson Shearer

Died at Town: Manchester County: Carroll MARYLAND

Date 1904 Month April Day 14 | Age Y. 6 M. 12 D. | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number ~~of children~~ living

Husband of
Wife

Father's Name: Wm L Shearer

Mother's Name: Nellie G Wilson

Cause of Death — Primary: Dentition

How long sick

Immediate: Convulsions

Accident, Suicide, Homicide

Reported by: L H Sherman MD

Address: Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Horace L. Shipley

Town

Daniel

County

Carroll

Died at

MARYLAND

Date 1904 | Month 4 - Day 10 | Age Y. 64 M. 1 D. 3. | Native of Md. | Occupation Merchant.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of ~~Wife~~

Susanna Shipley

Father's Name

Larkin Shipley

Mother's Maiden Name

Rebecca Shipley

Cause of Death — Primary: Malignent Tumors of Liver & Stomach

Immediate: Malignent Tumors of Liver & Stomach

How long sick 1 yr.

Accident, Suicide ~~Homicide~~

Reported by

J. P. Walton M.D. & Co.

Address

Winfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Henry Spindler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death 1 90: Month: 4-; Day: 21

Age: Years: 72; Months; Days

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Mechanic

Where Residing if not at place of death:

~~Married, Single~~ or Widowed:

Name of Wife or Husband:

Father's Name: ?

Father's Birthplace: ?

Mother's Maiden Name:

Mother's Birthplace: ?

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Stenosis.

How long: 2 years

Immediate: Acute dilitation

How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Clement Clark

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Calvin Starner

CERTIFICATE OF DEATH

MARYLAND

479

Died at: Near Town: Fairfield | County: Carroll

Date of death: Month: April | Day: 18 | 1904

Age: Years: 7 | Months: | Days: 10

Sex: Male | Color or Race: White | Birthplace: Carroll Co

Occupation: none | Where Residing if not at place of death: Home

Married, Single or Widowed: single | Name of Wife or Husband:

Father's Name: Edward Starner | Father's Birthplace: Carroll Co

Mother's Maiden Name: Catherine Humbert | Mother's Birthplace: " "

Name of person giving Information: Edward Starner | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia | How long: 1 week

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. D. Hering

Address: Mechanicstown

Accident or Suicide?

LIBRARY BUREAU A88516

H. Benjamin

Name in Full: William H Taylor

CERTIFICATE OF DEATH

MARYLAND

480

Died at — Town: Catafsee — County: Carroll

Date of death 190 4 — Month: April — Day: 18 — Age: Years 57 — Months 6 — Days 18

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife ~~or Husband~~: Francis Taylor

Father's Name: John Taylor — Father's Birthplace: Maryland

Mother's Maiden Name: Rebecca Ebaugh — Mother's Birthplace: Do

Name of person giving information: Charles E Taylor — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: 6 mos

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. D. Hering

Address: Westminster

~~Accident or Suicide?~~

LIBRARY BUREAU A33518

Shares

Patapsco

Name in Full: Mary Jane Quigley

CERTIFICATE OF DEATH

MARYLAND

483

Died at: Town: Frizzelburg — County: Carroll

Date of death: 1904 — Month: April — Day: 25 — Age: Years: 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: None — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: George Keefer — Father's Birthplace: Carroll Co

Mother's Maiden Name: Barbra Hull — Mother's Birthplace: " "

Name of person giving Information: Samuel Peetry — How related to deceased: Son in law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralytic Ulcer — How long: 5 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Luther Kemp

Address: Monrovia Md

Accident or Suicide?

LIBRARY BUREAU A66016

Dr. Kemp.

Barnes Chance

Stoner